



General Permit Registration Form for the Discharge of Stormwater Associated with Commercial Activity

Please complete this form in accordance with the general permit (DEP-PERD-GP-004) in order to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the registration fee along with this form.

DEP USE ONLY

Application No. _____

Permit No. _____

Facility I.D. _____

Part I: Registration Type

Check the appropriate box identifying the registration type.

This registration is for (check one):

- ☐ A *new* general permit registration
- ☐ A *modification* of an existing general permit registration
- ☐ A *renewal* of an existing general permit registration

Please identify any existing Stormwater permit number in the space provided:

Existing permit number:

Part II: Fee Information

A fee of \$500.00 is to be submitted with *each* registration that you are submitting. The registration will not be processed without the fee. State and Town owned facilities are not required to pay a registration fee.

Part III: Registrant Information

1. Fill in the name of the applicant/registrant(s) as indicated on the *Permit Application Transmittal Form* (DEP-APP-001):

Applicant/Registrant:

Phone: _____ ext. _____ Fax: _____

- ☐ Check the box if there are co-registrants. If so, label and attach additional sheet(s) with the required information as supplied above. Include the additional sheets as Attachment B.

Name of Facility, if applicable:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

Site Contact:

Site Phone:

Part III: Registrant Information (cont.)

2. List primary contact for departmental correspondence and inquiries, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Site Phone:

Emergency Phone:

Contact Person:

Title:

Association (e.g. developer, general or site contractor, etc.):

3. List property or landowner, if different from registrant or primary contact:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

4. Name and address of operator:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Site Phone:

Emergency Phone:

Contact Person:

Title:

5. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration and Stormwater Pollution Control Plan. Please check the box if additional sheets are necessary, and label and include them as Attachment B. ☐

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Site Phone:

Emergency Phone:

Contact Person:

Title:

Service Provided:

Part IV: Activity Information

1. Four Digit Standard Industrial Classification (SIC) Code for Commercial Activities. See Appendix A of the *General Permit for the Discharge of Stormwater Associated with Commercial Activity*.

Primary first: Secondary #s, if applicable:
and Primary SIC description:

2. Where does stormwater discharge to:

☐ Municipal Separate Storm System? ☐ No ☐ Yes (Name):
☐ Surface water body or wetlands? ☐ No ☐ Yes (Name):

3. Is discharge located less than 500 feet from a tidal wetland, which is not a fresh-tidal wetland?

☐ Yes ☐ No

4. Name of the watershed where the site is located *OR* nearest waterbody to which it discharges:

5. Have any stormwater quality analytical data been previously collected? ☐ Yes ☐ No

If yes, maintain a summary of such data from past five (5) years on site.

6. Has this site been previously registered by a different permittee? ☐ Yes ☐ No

If yes, name of previous permittee and permit number:

6. Number, type, material and size of conveyances, outfalls, or channelized flows that run off the site (e.g. 15" concrete pipe):

Part V: Supporting Documents

Please check the attachments being submitted as verification that these attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) And be sure to include the registrant's name as indicated on the *Permit Application Transmittal Form*.

- ☐ Attachment A: An 8 1/2" x 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the site and the area within a one mile radius of the site and location of *all* conveyances, outfalls or channelized flows on the site.
- ☐ Attachment B: Additional registration information.

Part VI: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

"I certify under penalty of law that I have read and understand all conditions of the *General Permit for the Discharge of Stormwater Associated with Commercial Activity* issued on September 27, 2000, and that all conditions for eligibility for authorization under this general permit are met. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that the information submitted has been properly gathered and evaluated. The Stormwater Management Plan has been prepared and implemented in accordance with the requirements of this general permit. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained in this registration is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are penalties for submitting false information, including the possibility of fine and imprisonment for knowingly making false statements.

I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text."

Signature of Registrant

Date

Name of Registrant (print or type)

Title (if applicable)

Signature of Preparer

Date

Name of Preparer (print or type)

Title (if applicable)

☐

Please check the box if additional signatures are necessary.
If so, please reproduce this sheet and include it as Attachment B.

Note: Please submit the Permit Application Transmittal Form, Registration Form, Fee, USGS Quadrangle Map and all attachments to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

If discharging to municipal separate storm sewer, send a copy of this completed registration form to the owner or operator of that system.

If discharging to a public drinking water supply watershed or aquifer area, send a copy of this completed registration form to the appropriate Water Company.